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RURAL DISTRICT NURSING

By SYBIL FRANCES KOELLER, R.N.

New York, N. Y.

Rural district nursing differs greatly from all other kinds of nursing. Tact, diplomacy, the knack of making friends with all kinds and classes of people, from the pampered millionaire to the distrustful wife of the Pole, endurance and the ability to give a smile in return for all sorts of knocks, criticism and many disappointments, these are only a few of the necessary qualities of the rural district nurse.

The work in its many phases is most interesting. There is no other class of nursing that has such an extensive scope or such wonderful possibilities. Someone asked me recently what were the limitations of my work. I could answer truthfully that I did not know. From the mother whose last son is dying of tuberculosis, she having lost three grown children in two years from the same dreadful disease, to the woman who has to ease her mind by confiding some family trouble, all find a willing and sympathetic listener in the nurse. She is always ready to lend a hand or give a kind word, wherever it may be.

School nursing is one of the most important parts of the work. In a great many cases the children are the only means of reaching the homes, sometimes situated in such out-of-the-way places that it is hard to find them. Once there, the mother will probably eye the nurse with great suspicion while she takes in at a glance a hundred and one things that should be and can be changed, but until that suspicion is overcome she does not quite dare begin, although her hands are fairly burning to get to work to show that little mother how much easier and more sensible her way is and of how much greater benefit to all the members of the family. It pays to go slowly if there is no cause for immediate action, for if once the confidence of the mother is gained, all is easy sailing and she sometimes becomes a staunch friend, and a good press agent among her friends and neighbors as well. Country people, especially, seem to have greater faith in their neighbors' advice than in the doctor's or the nurse's, and very often one will find that the order the doctor has left was carried out in an exactly opposite manner because Mrs. So-and-So just dropped in to see what the doctor had said and thought it would be much better to give the treatment in another way.

Baby Welfare Work is also of great importance. It is unbelievable, at times, how ignorant the majority of rural mothers are. Fresh

air, to their minds, is bound to kill, sooner or later. And the feeding problem! There is no regularity in nursing for the infant. The baby is put to the breast whenever it cries, and the more it cries the oftener it is fed. To teach the mothers that the baby is apt to cry from various causes other than hunger takes a great deal of patience. As soon as the baby is one or two months old, it usually is fed the greatest variety of things. I have known a baby two months old to get grapes and gingersnaps.

I recently took care of a baby a year and a half old who had pneumonia. In the course of his attendance the doctor discovered some serious liver or pancreatic trouble. He ordered irrigations and a diet. The mother, a Polish woman, was apparently very willing and, with one of the older children as an interpreter, I taught her day after day how to prepare the different foods the doctor had ordered. She could do it all very nicely. It had been my custom to visit this baby in the mornings, until one day I found it impossible to go until supper-time. Lo and behold, there sat my baby at the supper table eating fried potatoes and some impossible boiled smoked bologna. The mother shamefacedly gave as an excuse that she hadn't expected me any more. She always had things ready for me in the morning. The mother knows that now I am just as likely to come before breakfast as I am at bedtime. She is very willing in her way, but unable to speak or understand our language, which is a great drawback.

A cool, level head is necessary for the frequent emergencies. An esmarch bandage and artery clamps should never be missing from the completely equipped bag. These have saved more than one life.

Speaking of emergency cases,—one Sunday I sat in my room, writing letters. One of the many severe snow storms which make work so difficult for the rural district nurse was raging. As very often happens in such stormy weather, my telephone was out of order. About four o'clock there came a knock at the door. A very excited boy of about fourteen told me that his brother had been badly burned in an explosion. Taking only time enough to thoroughly protect myself against the raging storm and to add to my ever-ready bag such things as might be required in this case, I set out on my mile walk to the home of the patient. About three-quarters of an hour had elapsed between the accident and my arrival there. The patient sat in an arm chair, surrounded by the whole family, numbering ten, who were all crying or wringing their hands. In her ignorant way the mother had tried to do what was best for the boy and, of course, had done exactly the wrong thing. At some time or other, someone had told a friend that a friend of hers had used chopped raw potato to relieve the pains of a burn and that this was the best thing to apply, so the whole

family had chopped potatoes, dirty peels and all, and had buried the boy's entire head in a two-inch layer of them. Such a mess I have never seen! There wasn't even a fraction of an inch on any part of the head, face and neck left uncovered. I am surprised that the boy did not smother.

The patient was suffering considerably from shock, and I decided, without further delay, to treat the shock first, before cleaning the head and face to find out the extent of the burns. Meanwhile, someone had tried to get a doctor. The local doctor was making a call in a neighboring village and would not be at home for some time. All the other doctors whom we called were either out, or their telephones were out of order. So I had no choice but to try and do my best.

First of all, I banished most of the family from the room. I gave all tasks to keep them busy and so have them feel that they were of some help. The father and the biggest boy built the kitchen fire and kept it going. Some of the other boys filled the water buckets. The mother and one of the girls went upstairs to get the bedroom ready. Another girl scrubbed the pots and pans for boiling water and still another stayed with me to give assistance should I need it.

External heat, strychnine, gr. 1/30, and a coffee enema were given, and then the tedious task of removing the "potato mash" was begun. I used a tepid saline solution, and without exaggeration, it took me three and one-half hours to dig that poor head out of the mess. The burns were chiefly of first degree about the face, but the neck and ears were second degree burns and one of the hands was partly third degree. Two ugly ragged cuts on the forehead complicated matters somewhat, and after washing them with an antiseptic solution, I covered them with a piece of sterile gauze before applying an oil dressing to the burned area. I had just finished when the doctor came. I was gratified to hear him tell the family that I had accomplished all that could be done that night and after leaving an opiate for the patient, we left. The boy made a splendid recovery, but the father still insists that, to use his own words, "Them potatoes did the trick."

Rural district nursing has its unpleasant features and inconveniences, but the sincere gratitude of the simple country people, without sham or flattery, more than repays one.

I firmly believe that rural district nursing will become one of the most important of all classes of nursing, for, as the Department of Agriculture teaches the rural people how to make the most of their lands, so will the Department of Health, through the medium of the district nurse, try to teach them how to properly take care of themselves, mentally, physically and morally, and so make the most of their lives.